

DRAFT ADEM**3 YEAR CONTAINMENT SUMP INTEGRITY TEST REPORT (LOW LEVEL METHOD)**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:

Tester Name:	Tester Phone #:
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Tester Company:

Instructions

1. Submit a completed copy of this form within 30 days of performing the test to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631 or email to: USTcompliance@adem.alabama.gov.
2. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
3. Double walled containment sumps do not require testing.
4. Single and double walled containment sumps must also be checked annually in accordance with the Walkthrough Inspection requirements. See *ADEM Annual Walkthrough Inspection Checklist Log* which can be found on the ADEM website at www.adem.alabama.gov/programs/water/groundwater.cnt.
5. Testing must be performed in accordance with *ADEM Low Level Hydrostatic Integrity Test Procedure for UST Containment Sumps*. This document can be found on the ADEM website at www.adem.alabama.gov/programs/water/groundwater.cnt.
6. Keep a record copy of this testing for 3 years.

ADEM Unique Tank # or Owner's Dispenser #					
Product Stored (N/A for dispenser)					
Type of sump tested	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser
Sump free of cracks, holes, and compromised boots? (if no, it fails without testing)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Water, fuel, trash & debris removed from sump prior to test? (dispose of properly)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does sump sensor activation shut off sub pump? (if no, it fails without testing)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the sensor positioned at the lowest point in the sump? (if no, it fails without testing)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Level above bottom of sump where sensor activates and shuts pump off in inches? (if sensor does not activate, test fails)					
Starting test level above bottom of sump in inches? (should be no less than 3 inches above the point where the sensor activates)					
Level above bottom of sump to lowest penetration in inches?					
Test start time Test end time (minimum 1 hour)	____:____ ____:____	____:____ ____:____	____:____ ____:____	____:____ ____:____	____:____ ____:____
Measured water level drop in inches (accurate to 1/16 inch)					
Result of test (Test fails if level drops 1/8 inch or more.)	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail
Tester's initials and date tested	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Repairs Needed	Date of Repair	Description of any Repairs			